



Date _____ Ministry _____ Dept. Head _____

Name: _____ Cell or Home # _____ Work # _____

E-mail: _____

ROOMS (1 week prior- please use back for diagram of room set up)

Room Requested:

Event Name: _____ Event Date: _____ Event Time: _____

Equipment or Ministry Support Needed:

Microphone & MP3 Playback (Sanctuary/Choir Room Only)

Musician/Choir

Video Projector

Digital Video Recording (Sanctuary Only)

Music Instruments (Sanctuary/Choir Room Only)

Other: _____

VAN (1 week prior - must complete Insurance Waiver & Provide Copy of Drivers License)

Date Needed: _____ Number of Vans: _____ Driver: _____

Destination: _____ Departure Time: _____ Return: _____

COPYING (PLEASE ALLOW (3) DAYS)

Date Needed _____ Copies Needed _____

Special weight / color paper YES _____ NO _____ Will you provide YES _____ NO _____
(Ministry will still be charged if purchased by office)

Special Instructions:

TABLES / CHAIRS/OTHER

Date Needed _____ Ministry _____ Item(s) _____

Date Returned _____ Quantity _____ Used _____ Off _____ Premises _____

Office use only

Approved: Yes No